

# Release Form

To be completed either by the parents/legal guardians of minor student(s) involved in this entry, or by any individual appearing who is 18 or more years of age that are involved in this entry.

**Please submit one release form per individual involved.**

## PERMISSION SLIP

Individual's Name: \_\_\_\_\_

I am the parent/legal guardian of the child named above.

I give permission to you to include my child's student work and/or image on video recordings for the **"Voices of Democracy: Celebrating the First Amendment and the Right to Vote"- Student Video Contest.**

Signature of Parent or Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

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I am the person named above and am more than 18 years of age. I give permission to you to include my work and/or image on video recordings for the **"Voices of Democracy: Celebrating the First Amendment and the Right to Vote"- Student Video Contest.**

Signature of the Individual: \_\_\_\_\_

Date: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ MM DD YY